



## RECORD OF APPOINTMENT OF LOCAL HEALTH OFFICER

State Form 48135 (R5 / 8-10)  
INDIANA STATE DEPARTMENT OF HEALTH

**INSTRUCTIONS:** Return to: Local Health Department Outreach Division  
Public Health and Preparedness Commission  
Indiana State Department of Health  
2 North Meridian Street, Section 2N  
Indianapolis, Indiana 46204

In accordance with IC 16-20-2-16, IC 16-20-3-9, or IC 16-22-8-30, the Board of Health of

\_\_\_\_\_ has, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ appointed  
(name or county or city) (month) (year)

\_\_\_\_\_ to serve as Health Officer of \_\_\_\_\_ for a term  
(name of appointee) (county/city)

of four years beginning \_\_\_\_\_ and expiring on \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

\_\_\_\_\_ (signature of Chr. Local Health Board) \_\_\_\_\_ (date signed)

☐ New Appointment ☐ Reappointment

### QUALIFICATIONS OF APPOINTEE

Indiana License Number: \_\_\_\_\_ License Unlimited ☐ YES ☐ NO

Specialty Board Certifications: \_\_\_\_\_

Public Health Experience ☐ YES ☐ NO

Location of Public Health Experience: \_\_\_\_\_

Degree: ☐ M.D. ☐ D.O. ☐ Public Health Degree \_\_\_\_\_

Name & Address of University granting Degree: \_\_\_\_\_

Year Granted: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Has a State or Territory revoked or suspended a full-practice license held by you within the past five years?

☐ YES ☐ NO If yes, please describe reason, \_\_\_\_\_

To the best of my knowledge, all of the aforementioned is correct:

\_\_\_\_\_ (Signature of appointed local health officer) \_\_\_\_\_ (date)

**This is to Certify** the action of the Local Board of Health in the appointment of the Health Officer of

\_\_\_\_\_ (county/city)

\_\_\_\_\_ (signature county/city executive) \_\_\_\_\_ (date signed)